

## **Professional Treatment Services in Facility-Based Crisis Program Endorsement Check Sheet Instructions**

### **Introduction**

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented on the provider endorsement or DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for conditional and full endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

### **Provider Requirements**

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

**a (1). Conditional: New Providers;** Review identified documents for evidence that provider meets DMH/DD/SAS and/or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)

**Full:** If the provider organization has met these criteria during the review for conditional endorsement, this information does not need to be reviewed again. However, you must verify that there has been no change in the organization's business status and no change within the organization that might effect its operation.

**a (2). Conditional and Full:** Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality **or** the office of the NC Secretary of State, that the information registered with the local municipality **or** the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities

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may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.) If the provider organization has met these criteria during the review for conditional endorsement, this information does not need to be reviewed again. However, you must verify that there has been no change in the organization's business status and no change within the organization that might effect its operation.

### **Staffing Requirements**

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

**a. Conditional: New Providers;** Policy and procedure manuals, program description, and job descriptions should reflect that the Facility-Based Crisis (FBC) Program is operated under the direction of a physician and ensures the staffing ratios of 1:6 for adult mental health consumers and 1:9 for substance abuse recipients. If there is a mixture of consumers the staff ratio should meet the ratio of 1:6. Policy should reflect staff training and experience with regard to the composition of the population served. Review employment application, resume, license, certification, or other documentation for evidence of degree and work experience with the target population the provider will serve and consistent with requirements and responsibilities of the positions. In some cases, reviewer may need to verify the source of the degree to ensure that it is a credible and valid degree. Review employee training plans or other documentation demonstrating training has been scheduled and/or received according to core rules, consistent with the role of the level of the professional providing the FBC service.

**Full:** In addition to the above, staff files should reflect training and experience consistent with the population served in the FBC program.

### **Service Type/Setting**

The elements in this section pertain to the provider's having an understanding of the Facility Based-Crisis program and the service delivery system.

**a. and b. Conditional and Full:** Review of the policy and procedure manuals, program descriptions, and/or other records should document that FBC is provided in a twenty-four hour service site and should contain language that demonstrates the required elements of the FBC service. The reviewer should verify documentation that the facility is licensed under 10A 27G.5000.

### **Program/Clinical Requirements**

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according

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to individual needs in regard to the intensity and type of therapeutic interventions. Interventions should reflect clinically recognized models of crisis interventions for the appropriate age and disability of the consumer.

**a. Conditional:** This service is an intensified short-term, medically supervised service that is provided in certain 24-hour service sites. Policy and procedures manuals, program descriptions and/or other records must include the objectives of the service that include: assessment and evaluation of the condition(s) that have resulted in acute psychiatric symptoms, disruptive or dangerous behaviors, or intoxication from alcohol or drugs; to implement intensive treatment, behavioral management interventions, or detoxification protocols. Policy and procedures manuals, program descriptions and/or other records must reflect the goals aimed to stabilize the immediate problems that have resulted in the need for crisis intervention or detoxification; to ensure the safety of the individual consumer by closely monitoring his/her medical condition and response to the treatment protocol; and to arrange for linkage to services that will provide further treatment and/or rehabilitation upon discharge from the Facility Based Crisis Service.

**Full:** In addition to the above, a review of the consumer record should reflect the medical aspects of the treatment plan where necessary, such as medication management, and detoxification protocols. Interventions for all conditions noted above should be evident in the individual consumer record as appropriate (ie: SA resources, including DC planning, should be available if SA is identified as a primary or secondary problem).

**b. Conditional:** This service is designed to provide interventions that provide the support and treatment to prevent, stabilize and/or manage the crisis event or sub-acute care needs of the individual. Policy and procedures manuals, program descriptions and/or other records must include evidence that the supports and treatments to this end are provided on site. The supports and treatments should have the capacity to address an increase in the level of functioning of recipients in all identified domains.

**Full:** In addition to the above, a review of the consumer record should reflect in the treatment plan the planned provision of individualized supports and treatment in the necessary domains to improve the level of functioning of the recipient. The consumer record should also include evidence of skill building, increasing coping abilities and the sustaining of such prior to discharge.

### **Documentation Requirements**

**a. Conditional and Full:** All contacts for FBC program must be documented. The minimum requirement is a daily service note per shift.. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Service Records Manual. The note is a daily full service note that includes: 1) Recipients name, 2) Medicaid ID number, 3) Date of Service, 4) the purpose of contact, 5) describes the provider's interventions, 6) includes the time spent performing the interventions 7) effectiveness of the intervention, and 8) the signature (degree/credentials or position) of the person providing the service.